

BAFA Guide to Self-Officiating – Appendix 1: Game Day Audit

This form is to be completed by the stand in Referee who must be an experienced Coach

Please mark clearly the appropriate box

Weather Conditions

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are extreme weather conditions present which may have an effect on player safety?

Pitch and Equipment

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Following an inspection of the playing surfaces are there any areas that may have an effect on player safety, including cracks or uneven surfaces?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is there any visible debris on the playing surface?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have the markings been checked to ensure that they are in line with the rules of the game or following league issued guidelines?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are all goalposts securely in place and padded?

Where applicable, are all lights operational and do they illuminate the playing area and run-offs.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Run off and perimeter areas

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does the run off (clear space) outside each side line meet the required distance as defined in the BAFA Rule book (12 feet)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are there any visible obstructions or hazards within the run off or perimeter areas?

Facilities

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are there any visible hazards in the public areas, including the seating or spectator areas?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are there any visible hazards in the player's / officials areas including the changing rooms?

Medical Cover

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are the Medical Cover requirements for the players in accordance with those outlined in the BAFA Rule book ?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is there access to a working telephone?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Other Factors

Are there other factors which require attention prior to the players accessing the field of play?

Risk Management Actions

Description of Hazard or Risk	Actions taken to address the hazard or risk

Signatures

We the undersigned, as authorised game officials and management, have undertaken the above inspection prior to the commencement of play. We have managed the identified risks to an acceptable level and declare the playing environment fit for play.

All signatories declare that they will act in accordance with the Rules of the Game with which they are conversant and that they will act in the best interests of the participants on the field of play

Nominated Lead Official (Name)

Nominated Lead Official (Signature)

Head Coach - Home (Name)

Date of Game _____

Home Team _____

Away Team _____

Venue _____

Head Coach - Home (Signature)

Head Coach - Away (Name)

Head Coach - Away (Signature)